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<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/059,273
	Filing Date	January 31, 2002
	First Named Inventor	Denes V. AGOSTON
	Art Unit	1645
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	268422000100

Commissioner for Patents  
**To:** P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

☐ all the attorneys/agents of record.

☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or

☒ the attorneys/agents associated with Customer Number

**NOTE:** This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

Application is being transferred to another attorney.

This request is being made at the request of the assignee, **The Henry M. Jackson Foundation for the Advancement of Military Medicine.**

<b>CORRESPONDENCE ADDRESS</b>					
1. <input type="checkbox"/> The correspondence address is NOT affected by this withdrawal.					
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<b>OR</b>					
<input checked="" type="checkbox"/> Firm or Individual Name		James Remenick (Powell Goldstein LLP)			
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<small><b>NOTE:</b> Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.</small>					